

Feline Lifestyle Assessment Form



For Office Use Only:

- Review by Technician
- Review by Veterinarian

Pet Owner Name: _____

Name of Cat: _____ Breed: _____

Date of Birth: _____ Male Female Spayed/Neutered

Date of last preventive care visit: _____

- How many cats live in your home? _____
- How many dogs? _____
- Other pets in the household include: _____

Travel and outdoors

- How much time does your cat spend outside every day? _____ hours
- Do you take your cat to any of the following (check all that apply):
 Organized events or competitions Day care Boarding or grooming facilities
 Other activities with other cats? (specify) _____
- Do you travel with your cat? Yes No To where? _____
- Do you take your cat on any outdoor activities? Yes No

Home environment and home care

- Do you observe wild animals or other wildlife in your neighborhood?
 Feral Cats Squirrels, Chipmunks, Skunks or Small Rodents
 Raccoons Deer
 Wild Turkeys Wild Canines (Coyotes, Foxes) Other
- Do you or your cat visit homes where there are pets? Yes No
- Do other pets come to visit at your house? Yes No
- Does anyone with compromised immune systems live in or visit your home? Yes No
- Have you seen evidence of fleas, ticks or worms on any of your pets or in your home? Yes No
- Have you noticed any fleas or ticks on your cat? Yes No
- Does your cat use the litter box, go outside, or both? _____
- Please list all of the products, medications or supplements your cat is using,
 Flea or tick control products _____
 Pain medications (including prescriptions, aspirin or supplements) _____
 Dental products (including chews) _____
 Heartworm preventive _____
 Others _____
- What kind of exercise does your cat get? _____
- What kind of diet do you feed your cat? _____
- Do you feed your cat treats? Yes No If so, how many times per day? _____

Unusual behavior

- Does your cat scratch, bite at its skin or seem "itchy"? Yes No
- Have you noticed
 Yes No Any weight loss or gain?
 Yes No Any change in your cat's skin or hair coat?
 Yes No Any recent change in your cat's behavior or activity level?
 Yes No Any signs of pain, like slow to get up or down, tremor or weakness in the rear legs, protecting of a certain body part?
 Yes No Any recent changes in your cat's behavior around the litter box?

Please describe the changes: _____

Feline Lifestyle Assessment Form



For Office Use Only:

- Review by Technician
- Review by Veterinarian

Pet Owner Name: _____

Name of Cat: _____

Date of Birth: _____

Male

Breed: _____

Female

Spayed/Neutered

Date of last preventive care visit: _____

1. How many cats live in your home? _____
2. How many dogs? _____
3. Other pets in the household include: _____

Travel and outdoors

4. How much time does your cat spend outside every day? _____ hours
5. Do you take your cat to any of the following (check all that apply):
 - Organized events or competitions
 - Day care
 - Boarding or grooming facilities
 - Other activities with other cats? (specify) _____
6. Do you travel with your cat? Yes No To where? _____
7. Do you take your cat on any outdoor activities? Yes No

Home environment and home care

8. Do you observe wild animals or other wildlife in your neighborhood?
 - Feral Cats
 - Raccoons
 - Wild Turkeys
 - Squirrels, Chipmunks, Skunks or Small Rodents
 - Deer
 - Wild Canines (Coyotes, Foxes)
 - Other
9. Do you or your cat visit homes where there are pets? Yes No
10. Do other pets come to visit at your house? Yes No
11. Does anyone with compromised immune systems live in or visit your home? Yes No
12. Have you seen evidence of fleas, ticks or worms on any of your pets or in your home? Yes No
13. Have you noticed any fleas or ticks on your cat? Yes No
14. Does your cat use the litter box, go outside, or both? _____
15. Please list all of the products, medications or supplements your cat is using.
 - Flea or tick control products _____
 - Pain medications (including prescriptions, aspirin or supplements) _____
 - Dental products (including chews) _____
 - Heartworm preventive _____
 - Others _____
16. What kind of exercise does your cat get? _____
17. What kind of diet do you feed your cat? _____
18. Do you feed your cat treats? Yes No If so, how many times per day? _____

Unusual behavior

19. Does your cat scratch, bite at its skin or seem "itchy"? Yes No
20. Have you noticed
 - Yes No Any weight loss or gain?
 - Yes No Any change in your cat's skin or hair coat?
 - Yes No Any recent change in your cat's behavior or activity level?
 - Yes No Any signs of pain, like slow to get up or down, tremor or weakness in the rear legs, protecting of a certain body part?
 - Yes No Any recent changes in your cat's behavior around the litter box?

Please describe the changes: _____

Describe agreement on pet's preventive health care: _____

Did the pet owner take action based on your agreement: Yes No

When complete, place in Client folder.